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ORIGINAL DEPARTMENT.

LECTURE.

THE MICROSCOPIC APPEARANCES OF DEGENERATE NERVE TISSUE.

Read before the New York Library and Journal Association, March 5th, 1875,

BY ALLEN M'LANE HAMILTON, M. D.,

(Late Physician in charge of the New York State Hospital for Diseases of the Nervous System. Lecturer upon Nervous Diseases at the Long Island College Hospital).

I propose this evening to show you, by means of the oxy-hydrogen lantern, some illustrations of changes that may take place in the nerve centres. These pictures will be of interest, I am sure, as they portray departures from the normal condition of the brain and spinal cord with great accuracy. To understand more perfectly the morbid changes, we must first consider the healthy condition of the nervous substance, and study its normal appearance. We are taught by histologists that nervous matter consists of nerve cells, nerve tubes, and connective tissue, the latter named by Virchow, Neuroglia (*νευρον nerve*; *γλια glue*). These, with blood vessels, make up the bulk of nervous matter. The nerve cells are the most important factors of the nervous system, as they are the reservoirs of nerve force. Some writers, among them Duchenne, insist that there are three different sets of cells, presiding individually over motion, sensation and nutrition, the last known as the trophic, and that these cells have recognized differences. We are not prepared to accept this theory as a fact, for the microscope has failed to reveal any difference in form. We know, however, that those parts of the nervous system wherein the greatest number of nerve cells exist, are those in which sensation resides, and that the material functions are connected with white matter. Pathological changes in these parts are associated with alterations of their respective properties, and, for instance, in neuroses of a painful nature, it will be found that the gray matter has been the seat of a lesion. In insanity, where the higher senses are affected, lesion will be found in the cortex cerebri.

The common changes in nervous tissue are usually seen in cell formation, which may be exhibited either in the destruction of the protoplasm, proliferation of cells, changes in the nuclei, either of the nerve cells or the neuroglia cells, the presence of amyloid corpuscles, or fat globules, or by destruction of nerve tubes. The nerve tubes may be broken up and their characters entirely changed. The axis cylinder may be surrounded by oil globules, or the myeline may be increased in amount. In certain convulsive diseases, the nuclei of nerve cells may be increased, and the contents may be changed, so that the cell may be granular. Changes in the connective tissue are common. There may be a hypertrophy of this substance to such an extent as to greatly diminish the other elements. The cells of the neuroglia may be increased to a great number; usually with this condition there is an excessive formation of amylaceous bodies.

Changes in the blood vessels are recognized either by the destruction of the coats, or by the exudation of hæmatoidin crystals, or the exudation of granular matter beneath the sheath.

Bouchard and Charcot have demonstrated the existence of small aneurisms of minute size, which have been called miliary aneurisms. These are usually the precursors of cerebral hemorrhages. Deposits of adventitious substances are associated with many forms of organic disease. There may be colloid degeneration, when particles of a jelly-like substance will be found scattered over the field. This appearance to the naked eye has been compared, very happily, to that seen when a cut is made through a tapioca pudding; the swollen grains of tapioca resemble these colloid bodies very closely. This degeneration has been witnessed very often, of late, in tetanus. There are a large number of exudations that as yet have not been fully studied. These may occur from the membranes of the cord or brain. We may have syphilitic changes. We may have plasma thrown out from the small vessels in congestive diseases, but these are all easily seen with the microscope. I shall allude more particularly to the degenerations that may account for a large number of interesting symptoms, and illustrate several conditions closely related to each other; in fact, they usually are mutually dependent. These are myelitis, softening, sclerosis, gray degenerations, and colloid degenerations.

Myelitis.—Inflammation of the cord, first attacks the neuroglia, and if continued, disintegration or degeneration is the result. The termination is usually by the latter, but if very acute there may be disintegration of the nervous substance. We very rarely see the appearance of pus; in fact, so rarely as to call for denial from many writers.

Beneath the microscope a specimen of nervous matter from a patient who has died of myelitis will present unmistakable appearances. The character of the nerve tubes is greatly changed; they will be swollen, varicose, and broken. The axis cylinder is often surrounded by oil globules, and the nervous tissue, both the active element and connective tissue, are broken up and disorganized. The blood vessels, however, may retain their form. Should myelitis be followed by degeneration, we shall witness the characteristic evidences of sclerosis, viz., proliferation of the neuroglia cells, with increase of the neuroglia or connective tissue, and a shrunken condition.

The gray matter of the cord is attacked the most often, on account, probably, of the richness of the blood supply.

Softening of the nervous substance is generally a result of insufficient blood supply, just as may be softening of any other tissue.

I will not allude to its various causes, except to mention the most important ones. These are embolism, thrombi, infiltration of serum from pressure, etc. I have spoken of inflammatory conditions, and their termination in induration and fatty degeneration of the nervous substance, and it is hardly necessary to allude to them. Beneath the microscope we will find the nerve tubes broken up and gone. There is a conglomerate of cells which have been called by Glugé, "Compound Inflammation Globules," and supposed to be the products of inflammation. Inflammatory processes are, however, not thought to play as important a part in the production of softening as they were formerly supposed to, but I think pathologists consider mal-nutrition and mechanical injury the most common causes of the disease.

Glugé's globules rarely occur in recent softening, and this rather excludes their being the products of acute processes. Dr. Russel Reynolds and others have found them associated with atrophic and secondary degenerations of nervous matter.

The color and swelling of softened patches may be due to the exudation of serum and the escape of the hematine.

When the disease is due to obstruction of blood vessels, we may see the evils of atheroma, miliary aneurisms, small emboli, etc.

The common seats of softening in the brain are in the convolutions. Rostan thinks the corpus striatum and optic thalamus to be most frequently affected. Emboli are found to occur most frequently on the left side.

White softening, according to Charcot, is the form of old age. Yellow softening is undoubtedly the sequence of red, and is simply a change in the coloring substances thrown out. Red softening is due most frequently to embolism and mechanical injury. The seat is commonly the gray matter, and here its color is very marked.

The granular appearance is almost always constant under the microscope, and fat globules are apparent. These fat globules take the place of myeline in the nerve tubes, in some cases. Virchow and Russel Reynolds suppose they are produced by degeneration of the neuroglia cells.

In old cases of chronic convulsive diseases, such as epilepsy, there will often be found cavities or lacunæ in the nervous substance, which indicates the presence of softening and removal of tissue.

Atrophy results from pressure made by the increase of neuroglia. It is not necessarily a result of inflammation, but may be associated with sclerosis; as is the rule, there is usually a vascular change.

The cord, if it be the part atrophied, is shrunken and hard, and quite fibrous. I have now in my possession a specimen of cord from a tetanic subject. It is reduced to less than half its normal size, and this was its appearance before it was put into alcohol for microscopic preparation. The blood vessels are very much reduced in size, and the color of the normal specimen is pale.

The study of sclerosis has attracted universal attention during late years, more particularly in France; but one of the worst features of such study has been the confusion of terms in the nomenclature. I think we may condense the different views into a small space, and consider two varieties. 1. That consisting in proliferation of neuroglia cells and increase in connective tissue; this is the common form. 2. Miliary sclerosis, where the growth is simply confined to the neuroglia cell itself; enlargement of the nucleus and an exudation of plasma, which is thrown out from the cell, thus displacing the nerve fibres. The appearance of a section of nervous tissue in this condition is that of a large number of small beads imbedded in a fibrous stroma. This appearance must be differentiated from colloid degeneration; for in the latter the bodies are larger and the edges are well defined. In the pathological significance of these two forms of sclerosis, we may allude to the disseminated and localized, and cast aside the terms cerebro-spinal, cerebral-spinal, lateral, etc., only so far as localization of symptoms are concerned. A sclerosed patch in the posterior columns will give us the disease familiarly known as locomotor ataxia, or tabes dorsalis. In the brain or other parts of the cord, it may give rise to the production of symptoms dependent upon alteration of the functions of the particular part attacked, or coexistent trouble of some organ dependent upon integrity of the affected centre for its innervation.

Miliary sclerosis is a common lesion in general paralysis of the insane. Tuke calls particular attention to this point.

A condition known as gray degeneration has been described by many writers, but it is very apt to be confused with sclerosis proper. We may consider it a lesser degree of sclerosis, not attended by inflammatory changes. The condition, in its microscopical character, presents numerous fatty granulations, some nuclei of connective tissue cells, amyloid bodies, etc. The disease is essentially a chronic one, and depends more upon long continued irritation, such, for instance, as a perverted blood supply, than upon inflammatory processes.

There is a marked destruction of nerve tubes, and, as Fox says, a greater number of amyloid bodies than are usually found in sclerosis. I suppose this is because the connective tissue formation is not so rapid. With this central condition there is generally atrophy of peripheral muscles. It is of the utmost importance to know where to look for lesions, and here our knowledge of anatomy and physiology must be clear. In motorial neuroses we must examine the anterior columns, particularly if there be peripheral muscular atrophy, while in sensory diseases the posterior columns are to be examined. In spinal diseases we must be guided, to a great extent, by the physiological experiments of others. Brown-Sequard stands prominently forward as our greatest living teacher, and much may be gained from his writings. He found that the gray substance of the cord is an important conductor of both kinds of impressions. A cut made across one lateral half of the gray substance of the cord is followed by paralysis, without any loss of sensation on the same side of the cut, and the reverse on the other side. A vertical section between the two lateral halves, is followed by anæsthesia on both sides, without any paralysis. Certain changes in temperature are also the result from section of certain vaso-motor fibres. These experiments are valuable, for with certain forms of paralysis we may expect to find physio-pathological changes. Lesions of the cord, of course, produce disturbances below that part, but may also produce trouble higher up. For instance, marked defects of vision are connected with many spinal diseases. Again, the lesion in the brain will give rise to general symptoms, but always on the opposite side, except in parts where there is bilateral action, such as the medulla, or just behind the pons.

Convulsive diseases commonly have lesions in the upper part of the cord, the medulla and brain. Diseases in which coma and convulsions are exhibited, have lesions at the base, in the neighborhood of the large ganglia.

With amnesic aphasia the lesion will be found always on the left side, and at the region of the island of Reil, at the bottom of the fissure of Sylvius. Defective vision, if it be dependent on organic nervous trouble, usually has a lesion near the tubercular quadrigemina and optic thalami, or, as I have before stated, it may be due to spinal disease. "Choked disk," a condition of the optic disk lately alluded to very often, is associated in nearly every instance with cerebral tumor. The impairments of intellect and the various forms of insanity are connected with lesions of the cortex cerebri, and anterior parts of the brain.

Lesions of the medulla will account for some forms of dysphagia, difficult articulation, progressive double facial paralysis, various pulmonary neuroses, etc.

Want of co-ordination is produced by changes in the posterior columns of the cord, or in the cerebellum. The lesion here will probably be found to be sclerosis.

The above facts are only a few important ones, to guide the pathologist. The study of the morbid anatomy of diseased nerve centres covers a very wide field, and is of the greatest interest and importance to the practitioner in gaining a knowledge of diagnosis and treatment.

COMMUNICATIONS.

INVESTIGATION OF THE GASTRIC JUICE.

(*From Comptes Rendus de l'Académie des Sciences.*)

Translated for the MEDICAL AND SURGICAL REPORTER,

BY JOHN B. ROBERTS, M. D.,

Of Philadelphia.

As the examination of the contents of Heidenblut's stomach has again brought to our notice the subject of the acidity of the gastric juice, an abstract of the experiments of M. Rabuteau in the laboratory of M. Ch. Robin, at Paris, may not be uninteresting.

The experiments were divided into two series: the first demonstrating that hydrochloric acid exists in the normal gastric juice; the second that lactic acid does not exist there.

1. Dogs, after a fast of twenty-four hours, were made to swallow some tendons, and, three quarters of an hour subsequently, were killed by section of the medulla oblongata; the stomachs were then removed, after ligation of the cardia and the pylorus, and the gastric juice obtained. This liquid was immediately filtered, and pure quinia, recently precipitated from the bisulphate, well washed and dried, was added. The quinia dissolved easily, and in a relatively large quantity, in the fifteen to thirty grammes of juice obtained as described above (the quantity of juice varying in the different experiments), and by this manipulation there was formed a salt of quinia, which was then isolated and its character determined. The gastric juice, saturated with quinia, was filtered, evaporated to dryness in a wet bath, and in vacuo, and the perfectly dry residue treated so as to separate the quinia salt which had been formed, and not to remove the chlorides that are normally found in the gastric juice.

The procedure ordinarily used, was to treat this residue with amylic alcohol, to evaporate the alcoholic solution, and finally, to treat the new residue by pure chloroform or benzine; these substances dissolving the hydrochlorate, lactate, and several other salts of quinia, but not the chlorides, which the amylic alcohol may partially separate. Instead of amylic alcohol, absolute ethylic alcohol may be employed. By these methods a salt is finally obtained, that consists only of hydrochlorate of quinia, which is easily recognized by its chemical reactions, and its crystalline form, as seen under the microscope. On testing for the amount of chlorine, it was found to correspond (the mean of three experiments being taken), to 2.5 parts of hydrochloric acid in 1000 parts of gastric juice, which is very near the resultant (3 in 1000) of Schmidt, deduced from nine experiments made by a different method.

2. In order to meet the objection that the hydrochloric acid might have been produced by reaction of the chloride of sodium and a certain quantity of lactic acid which has been supposed to exist unaltered in the gastric juice, M. Rabuteau instituted a second series of experiments calculated to isolate, with certainty, in his opinion, any traces of lactic acid in an organic liquid.

Gastric juice was saturated with soda, filtered, and evaporated to dryness, the residue treated with absolute alcohol, and this alcoholic solution

itself evaporated. The remainder was then dissolved in a little water, sulphuric acid extensively added, and the solution agitated with ether three or four different times. The ethereal solutions, when separated from the subjacent liquid, left, after evaporation, no trace of a syrupy liquid such as lactic acid, which is very soluble in ether. The experimenter, however, put into the capsules a little milk of lime, and after twenty-four hours filtered, passed a current of carbonic acid into the solution, to separate the excess of lime, filtered again, and evaporated to dryness. Then with the microscope he looked for crystals of lactate of lime, but could find no indication of such crystallization. The same result followed when phosphoric acid was employed in place of sulphuric acid. This method was proved to be a just one by adding only five centigrammes of lactic acid to forty grammes of gastric juice, when he was able to obtain very distinct crystals of lactate of lime.

These experiments, M. Rabuteau states, confirm, therefore, the results of Braconnot, Prout, Lassaigne, and Schmidt;—that the normal gastric juice owes its acidity to hydrochloric and not to lactic acid.

CASE OF SEVERE INJURY AT THE SHOULDER.

BY S. B. CHASE, M.D.,
Of Osage, Iowa.

The article on Torsion, in a recent number of your Journal, recalled to mind the following case, in which I feel sure it could not have succeeded.

On the 25th of October, 1873, Mr. W. H. Cole, an American, about 37 years of age, getting his right arm caught in the power of a threshing machine, had it torn off at the shoulder. Parties at hand grasped the bleeding vessels and held them firmly until a messenger could come four miles, and Dr. Moore and myself return.

The bone was crushed, and severed about an inch from the joint; and while enough of the deltoid portion remained to form a flap, the entire axillary region was torn away, dragging into view the arteria innominata and common carotid, and severing the subclavian at its middle portion, close to the thyroid axis.

The mangled condition of the wound, and the laceration of the remaining portion of the artery, rendered any hope to life desperate; yet we at once applied a large ligature about the torn artery, between the vertebral and arteria innominata, which the frightful rending enabled us easily to do.

Finding the clavicle badly broken, we sawed the humerus at its neck, rather than open the joint, hoping to get a firmer shoulder. The patient lost but little blood during the operation; as soon as reaction was established he was removed to his home, some miles distant, and placed under full doses of morph. sulph. and antim. et tart. potass., and the injured portion kept as nearly normal as possible with ice water, in which was tinct. arnica and myrrh.

For many days, in defiance of all the sedatives and antiphlogistics the sufferer could bear, the violent arterial throbbing rendered the obliteration of the artery doubtful, if its disruption not sure; yet a better hope awaited us. Suppuration was slight for such an injury, although the ligature did not come off until the twenty-eighth day. From that time the patient passed rapidly to convalescence, more than realizing the ardent hope of the most sanguine.

MEDICAL SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY, STATED MEETING, January 27, 1875.

Dr. Delafield, President, in the Chair.

Polypus of the Uterus.

Dr. Finnell presented a specimen of polypus of the uterus, which was removed from a woman aged thirty-five years, unmarried. She suffered from repeated attacks of menorrhagia at irregular intervals; after a certain period, metro-peritonitis developed, and she died of septicæmia. The polypus was attached to the fundus of the uterus. The doctor only made the autopsy, and remarked that the patient might have been saved by dilating the os uteri, by means of sponge tents, had the diagnosis been made. He said, in answer to the President, that the tumor was fibrous, and added, that he had removed several of them at St. Vincent's Hospital, by first dilating the os, and gouging out the tumor with ordinary throat forceps.

Suppurative Nephritis and Gummy Tumor.

The President presented a specimen, showing an unusual condition of the kidneys, called "suppurative nephritis." A man, aged forty-five years, entered Roosevelt Hospital on the 3d of last January. Had syphilis twelve years ago, which was followed by a secondary eruption; nothing unusual occurred up to the 28th of last December, when he observed that he could make but a small stream of water. This

condition gradually increased until his admission into the hospital, when complete retention of urine existed; this was relieved by aspiration. On passing a sound no stricture of the urethra was detected. His condition became more critical, and paraplegia became manifested; there was with it incontinence of the urine and fæces; his temperature ran up, and he died, comatose, on January 18th. His urine was examined and found to be alkaline, containing pus and blood globules. Shortly before death it was exceedingly bloody.

Autopsy.—The autopsy revealed a gummy tumor situated in the lower dorsal region, and adherent to the layers of the dura and pia mater, and pressing upon the cord. The bladder showed well-marked cystitis. On section, both kidneys contained blood and pus, while their surfaces were the seat of a number of small points or foci, which contained pus. The microscope showed an infiltration of pus between the tubuli, and a breaking down of some of them.

The President stated, in connection with this case, that cystitis occurs in cases of paraplegia, and pyelitis was apt to follow.

Medullary Cancer of Mesentery.

Dr. Finnell related a case of immense abdominal enlargement, with the following history:—

A boy, five years old, whose parents gave no hereditary history of cancer, was the subject of a large abdominal tumor; while at play he died suddenly.

The autopsy showed that death had taken place from internal hemorrhage, caused by the rupture of a large vessel, which, owing to the condition of the contiguous parts it was impossible to find out its relation. The mesentery was immensely enlarged and nodulated, matting the intestines together, and forming one mass, of a cerebriform or gelatinous consistency. The internal veins were dilated, simulating varicose veins of the leg.

The President said that it was very common, in soft cancers, to find dilatation of the veins. Dr. Finnell remarked that the cancer was of the colloid variety, and thought it was a very unusual case, as no hereditary taint existed.

Catarrhal Pneumonia.

Dr. Heitzman presented a case of catarrhal pneumonia, and described the pathological changes that take place in that disease. The doctor, in reply to a question from the President as to whether, in his experience, the cheesy degeneration extended to the vesicular parietes, answered in the affirmative? but replied in the negative, when asked if the exudation was fibrinous, did cheesy degeneration then occur. The President then remarked that he had found that this cheesy degeneration did take place in children and unhealthy adults when the exudation was fibrinous.

Fungoid Protrusions of the Mucous Membrane of the Large Intestine—Calculi of Kidney—Acute Phthisis

Dr. Finnell next introduced to the society Dr. J. Q. Bird, the President of the Pathological Society of Hudson city, who presented specimens of fungoid growths of the large intestine, and a kidney containing several calculi, taken from a man who died in the Hudson City Hospital. The history was read by the Secretary, as follows:—

A man, aged 24; one year previous to his admission to the hospital, he suffered from abdominal pain accompanied by diarrhœa. On admission he complained of the same symptoms; the daily evacuations from his bowels were six to twelve in number. The rectum was examined, and several fungoid tumors were found there, and ligated at intervals, while in the hospital. The urine was not examined. He died of acute phthisis. His father died some time ago, of the same disease, and his sister is now suffering from a similar one.

Autopsy.—Body emaciated. Pericardium healthy, lungs adherent, and cavities of variable size, filled with a greenish purulent detritus and emitting a gangrenous odor, were scattered throughout their substance. The stomach, at its pyloric extremity, was indurated. The colon and rectum presented peculiar points of interest. From the mucous membrane fungoid growths or polypi projected, some terminating in melanotic tumors of small size, some of them measuring one inch. They were not found above the ilio-cæcal valve. A stricture of the rectum was found at the seat where these tumors had been ligated. Both kidneys were healthy; one of them contained several calculi imbedded in its pelvis.

Dr. Erskine Mason, after the paper was read, wished to know if the stricture was antecedent to the operation of ligating the polypi.

Dr. Bird, in reply, said that it was the result of operative procedure.

The President remarked that these growths usually consist of connective tissue, which may contain gland follicles, and are the result of chronic colitis.

NEW YORK ACADEMY OF MEDICINE.—STATED MEETING, February 4, 1875.

Dr. Purple, President, in the Chair.

The Etiology and Treatment of Pneumonia.

At the present time, in New York, considerable interest attaches to pneumonia, from the fatality and frequency of it. It appears to be of a typhoid character, and frequently proves fatal in two or three days. It was suggested that a meeting of the Academy of Medicine be called, to consider both its cause and treatment. The discussion was commenced by Dr. Austin Flint. He spoke briefly as follows:—

Pneumonia is a disease showing marked diversities in its nature, in different places, and at different times. To-day we hesitate to accept anything that cannot be proved to a demonstration, but our progenitors realized that at different times a disease might show marked changes in its characteristics. Malaria, in some places,

is of a very fatal type, and scarlet fever is a disease that differs greatly with the epidemic, not only in its severity, but in its tendency to complications. Pneumonia in the Southern States is of a graver nature than it is in the North, and at the present time in this city it is more grave than we usually consider it. Several cases have come under my own observation during the month of January, in which death has taken place in a few days. Before referring to the treatment, I shall read notes of a case that I treated in 1837. The man was in good health previous to the attack, and about twenty-two years of age. I bled him to the extent of thirty ounces, and then gave him five grains of calomel every four hours. In the evening, the pain in the side was not so severe, but still existed. He was again bled, nine ounces being taken. On the following day the pain was relieved. In six days from the attack he was convalescing, and in sixteen days recovery was complete. Louis reported a number of cases of pneumonia in which he used blood-letting. He did not consider it necessary to consider its effect on the mortality, taking for granted that there could be no doubt as regards its beneficial effect in that way, but what he wanted more particularly to determine was, whether the bleeding, did or did not shorten the disease. His conclusions were that bleeding not only had a happy effect, but it shortened the disease by four or five days. It never arrested the disease at once, however. He found that if the blood was taken from the patient late in the disease, it had an adverse influence, and tended to lengthen it. Jackson, of Boston, was of the opinion that if the patient were bled on the first day of the disease, its duration would be shortened from fourteen to eleven days. Louis reported seventy-eight cases, and had a mortality of twenty-eight deaths. He afterwords reported twenty-nine other cases with four deaths. Jackson reported fifty-one cases with eight deaths. His treatment was the same as that of Louis.

I have the reports of 135 cases, with a mortality of thirty-five, or about twenty-six per cent. died; in twelve of these, the patients were bled. The cases were observed in different cities.

64 in Buffalo,	with 11	deaths,
11 in Louisville,	" 7	"
58 in New Orleans,	" 17	"

When pneumonia is limited to a single lobe, it is important to bear in mind that the cases prove fatal only by complication and extension of the inflammation, and it is for us to consider whether bleeding does or does not tend to avert these complications. Lately we have had the scheme presented to us of lowering the heat of the patient by the use of external cold. Internally, quinia, in five grain doses, three times a day, I have found to be of decided benefit. Death occurs nearly always from asthenia, and the use of alcoholics in the latter stages, I think is undoubtedly indicated.

Attention has been recently called to a cause of pneumonia that we do not ordinarily take into account. I mean that arising from the effects of sewer gas. Near London they deemed it necessary to open a ventilator for a sewer in close proximity to a high school; the principal most emphatically protested, but without effect. Shortly after a number of cases of pneumonia developed, and it was found necessary to close the school. Previous to this, the school was perfectly healthy, and after the removal of the sewer ventilator, no further sickness occurred. We are thus led to the inference that the sewer gas was the direct cause in this case.

Dr. W. H. Thompson read the histories of five cases of pneumonia that came under his observation at Bellevue Hospital. They were all treated on the antipyretic plan, bags containing ice being applied to the chest, to reduce the temperature of the patient. In all the cases there was a decided reduction of temperature, and with the intermission of the use of the ice the temperature again rose. Of the five cases reported, only one proved fatal. He gave ten grains of carbonate of ammonia every two hours, and one grain of quinia every hour.

Dr. A. L. Loomis said: The two important things in the consideration of pneumonia are, the etiology and treatment. Of all the causes, age ranks first; we see it usually between 20 and 40, and after 60 years of age. I mean croupous pneumonia. The pneumonia of children is broncho-pneumonia. Climate also exercises an influence, and particularly if it is liable to sudden changes. Here we do not see much of idiopathic pneumonia. It is true we find it in the books, but so rare do I find it that I am tempted to question its existence. The great number of cases occur in those who are not in full health. In this city, we are all staggering under the influence of malaria, and a slight exposure lights up the disease. Anything that debilitates the system has a similar effect, such as sewer gas, septicæmia, pyæmia, rheumatism, etc. There are few who would care to bleed, when pneumonia is due to debility, and as I said before, it is with that form that we have most to deal with. The use of ice-bags to the chest, I am decidedly opposed to. I have not had as large an experience as I should wish, but so far my experience is against it; for though the temperature may be reduced, I find that there is a tendency to an extension of the inflammation.

I found recently, on coming on duty at Mount Sinai Hospital, several cases treated in this way, and they all died. The cause of heat is the metamorphosis of tissue, and the drug, in my experience, that controls this metamorphosis, is the sulphate of quinia. I give it in ten grain doses. When the heart begins to flag, and we have resulting œdema of the lungs, and other signs of debility, I rely on alcohol freely given to tide the patient over. I find it more reliable to stimulate the heart than any other drug I have ever used.

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Relations of Diphtheria and Scarlet Fever.

A paper by Dr. Arthur Ransome, on the above subject, is reported in the *Medical Times and Gazette.*

After detailing two cases of diphtheria derived from an epidemic of scarlet fever, Dr. Ransome pointed out how much these diseases agree in their epidemic character, in the degree and course of their pyrexia, and in their chief points of attack being the throat and the skin. The sequelæ of the two diseases are similar: suppuration in the lymphatic glands; ulceration of the ears; arthritic affections, with or without cardiac complication; kidney disease and dropsy; general or localized paralysis of the nervous system. Each and all these consequences have been met with after both diseases, yet the differences between them are too important and too numerous to permit of their effects being considered as different manifestations of the same disease. First, as the cases brought forward show, diphtheria may arise directly from scarlet fever, but the converse action is not met with. There are also other etiological differences; diphtheria is less energetically contagious, and is more frequently associated with local causes than scarlet fever, and is not so entirely dependent on the personal conveyance of infection for its spread. Scarlet fever prevails most in the autumn with us; diphtheria is less dependent upon season; nor is it influenced by heat or moisture, or by locality, for it occurs in India and Australia, and at considerable elevations. Another point of difference between the two diseases is, that while scarlet fever is rarely associated with other complaints, diphtheritic affections are commonly met with in the course of various pyrexial disorders. In the report of the Diphtheria Sub-committee of the Epidemiological Society, it is recorded that of 122 cases in the epidemic of 1861, 57 occurred alone, 34 with scarlet fever, 9 with small pox, 7 with measles, 6 with fever, and 3 each with ordinary sore throat, croup, and catarrh. The points of unlikeness in the nature and symptoms of the two diseases are too great to allow us to rank them as varieties of the same species: thus the rash of diphtheria is often absent, is very variable as to the time of its appearance, occurring seldom at the outset of the malady, and it may occur as late as the third week. Albuminuria is often found within two or three days of the commencement of diphtheria, whilst in scarlatina it seldom sets in until desquamation of the kidney has commenced. There is an absence of definiteness about the duration of symptoms in diphtheria which marks it off from the regular sequence of events in scarlet fever; in the former, exudation may form on the fauces for six weeks or two months, without much affection of the cervical glands. The mode in which diphtheria localizes itself on the mucous membranes or on broken surfaces separates it from any other disease. Different epidemics differ widely in the point selected for attack; often the larynx and bronchi have been seized, as well as the throat. But does scarlet fever ever attack the larynx? It is remarkable that in epidemics affecting other mucous membranes, with little fatality, the subsequent complications were frequent and troublesome. Lastly, does an attack of diphtheria confer any immunity from subsequent seizures? The susceptibility of the throat seems rather increased than diminished, while scarlatina seldom reappears in the same individual. It is evident that the two diseases are distinct, and yet that some very definite and close connection exists between them. It is not easy to point out wherein the bond consists; but it is possible that the relations of some other ferments may throw some light on the subject. M. Bertholot's discovery of an unorganized glucosic ferment derived from yeast (*Comptes Rendus*, vol. I, p. 980), and the fact that one fermentation by organized beings frequently prepares the way for a different one, suggest two ways in which the singular relation existing between scarlatina and diphtheria might be accounted for.

Intra-Pulmonary Injections.

Dr. Ewald, of Berlin, writes to the *Irish Hospital Gazette*, February 1st:—

Dr. Koch has, in conjunction with me, made a number of experiments on the effects of the injection of a strong solution of iodine into phthisically diseased lungs, choosing as far as possible those cases in which the disease was recent and circumscribed.

The solution used was one part iodine and one part iodide of potassium, to twenty parts of water. The instrument used was a Pravaz syringe, and at least five injections were made at each sitting. We were able, by partly withdrawing the canula and re-introducing it in a new direction, to inject from thirty to fifty different points in the diseased portion of the lung. As this operation caused a considerable amount of pain, and as each patient had to undergo it from three to four times, we thought it better to put them slightly under chloroform before operating.

In no case was the operation followed by any unpleasant symptoms of reaction, and only when, by chance, the canula pierced a small bronchus, was the patient attacked with violent

coughing, with the expectoration of a brownish secretion. This happened, however, but seldom; for we soon learnt to distinguish, by the sense of greater or less resistance offered to the canula, the soft and healthy lung tissue from the harder diseased portions.

In quite a number of cases we remarked that the temperature, which before the operation was that of hectic fever, sunk immediately afterwards to normal, and remained there for several days. In no case did the patients complain of the pain continuing after the operation.

The results, however, fell far short of our expectation; for in no case were we fortunate enough to arrest the phthisical tendency. The disease seemed to run its ordinary course, and in no case where we had the opportunity of making a post-mortem examination, did the eaten-away lung tissue show any evidence of having been in the least affected by the injection.

As the benefit of the temporary fall in temperature seemed to us out of all proportion to the risk run from the exhibition of chloroform, we felt bound to put an end to these experiments, on which we had expended so much time and trouble.

On the Diagnostic Value of the Ilio-Femoral Triangle in Cases of Injury to the Hip.

Mr. Bryant read a paper on this subject, reported in the *Medical Gazette*. The triangle which the author described as the "ilio femoral" was formed between the ilium and the great trochanter of the femur. One side of it was drawn from the anterior superior spinous process of the ilium, to the top of the major trochanter; the second was drawn from the anterior superior spinous process of the ilium directly downward to the horizontal plane of the recumbent body; and the third, the base of the triangle, was drawn at right angles to the second, and fell upon the first when it touched the great trochanter. To this line the author's observations referred. He said that the first line corresponds in the normal condition of the hip-joint to Nélaton's test-line for dislocation of the head of the thigh-bone backward, and he regarded the line of the triangle described as third to be the test-line for fractures or shortening of the neck of the thigh-bone. He stated that after repeated proofs he could confidently assert, that whilst in a healthy subject the ilio-femoral triangles of the two sides were exactly similar in all cases of injury to the hips, in which shortening of the neck of the thigh-bone existed, the amount of shortening could readily and accurately be made out on comparing the bases of the triangles of the two sides. In impacted fracture, where on the sound side the base of the triangle would, in the adult, measure its average normal length of two inches and a half, on the affected or injured side it would measure from half an inch to more than one inch less. These measurements were taken with the patient in the horizontal position, the pelvis straight, and the two femora parallel. The author illustrated his paper by quoting half a dozen cases of impacted fracture, in which by the test-line the shortening in the neck of the thigh-bone was readily made out; and concluded by pointing out the value of such simple and certain means of making out whether any shortening of the neck of the thigh-bone exists after an injury preventing any undue manipulation of the hip-joint, in cases of impacted fracture or other obscure injuries to the joint. He then passed on to point out how fallacies in the test might be met with; but, as they were quite exceptional in practice, he thought that they could in no way tend to diminish the value of the test-line as a means of diagnosis in hip-joint injuries.

The Wet Pack in Rheumatism.

This plan of treatment is urged anew in the *British Medical Journal*, by Dr. Thomas S. Dowse, of London. His words are:—

During the past three years I have been in the habit of packing most of my cases in a wet blanket, and afterward rolling them up in dry blankets, so as not only to promote profuse sweating, but also to increase the temperature. This mode of procedure, which I conducted in a very indefinite manner, gave such good results, that I thought carefully over the *rationale* of the system, and at once adopted a course of wet packing, after the manner and with the success which I will relate to you. The procedure is simple. The bed is covered with India-rubber sheeting; over this is laid a blanket which has been wrung out of hot water. The patient is then enveloped in the blanket, and covered with six folds of dry blanketing. By this, the temperature is raised and profuse sweating results; the former, if need be, is assisted by the administration of brandy in half-ounce or ounce doses every hour, and the latter by giving freely warm milk and water. If the temperature exceed 102°, then the stimulant is unnecessary. My plan is to continue the treatment for three successive days; namely, for six hours the first day, four the second, and two the third After the first pack, the patient is free, or nearly so, from pain; after the second pack, the pain has completely subsided, and after the third pack the sour smell usually disappears. In addition to the relief from pain and subsidence of acid secretions, the pyrexial state, with its attendant symptoms, will be found to decrease in direct ratio, and likewise the pulse. The secretion of urine will become more plentiful, and the urea will diminish in quantity; yet, although the improvement is so marked in reference to pain, sweat, pulse, and temperature, the urine remains acid and loaded with lithates, and the tongue coated, for some days longer. It not unfrequently happens, especially in young people, when the weather is variable, that transitory pains return in one or more joints; but in almost every instance the pain has been subdued, if not by the first, by the

second bath. In reference to cardiac inflammation, I believe that this treatment subdues it more rapidly than any other, rendering the valves less likely to undergo organic change.

But now comes a very important practical question. There can be no doubt that the packing process produces considerable constitutional disturbance. Under what circumstances should this treatment be adopted, and under what conditions is it not practicable? Every one who has had much to do with this disease must be conscious of the anxiety which it gives him when the temperature exceeds 105° or 106°, and especially when it is associated with the least sign of cerebral disturbance; and, as my treatment consists in elevating the temperature, it will be apparent that some care is necessary. Thus, according to my experience, it should not be adopted, 1. If the patient suffer from incompetency of the aortic valves; 2. If there be much fluid in the pericardium from previous inflammation; 3. If the temperature be over 104°; 4. If the skin be hot, dry, and harsh, without the least tendency to sweating; 5. If there be extreme nervous prostration from habits of drunkenness or other vitiating cause; 6. If the patient be pregnant.

Again: during the time the patient is packed, the following points must be observed:—1. If, after two or three hours, the patient become very restless, with a dry, non-perspirable skin, I should advise the treatment to be discontinued; also when the temperature exceeds 105°; 2. If the temperature do not rise, and the patient be sweating freely, give half an ounce, or even an ounce, of brandy, every hour, in warm milk and water. Thus we have to secure profuse sweating and a mean temperature of 104°; we have to guard against a dry skin and a temperature over 105°.

Nux Vomica in Nervous Diseases.

According to the *Medico-Chirurgical Review*, Dr. de Stefani does not regard nux vomica as an irritant to the spinal cord, but believes that it exerts a depressing action on the ganglionic system. As this system has numerous relations and sympathies with the cerebro-spinal, nux vomica, acting on both, relaxes the vital tension of the nerves, restores to them their natural conducting power, and also the degree of influence necessary to maintain the harmony of the vital functions of the organs. In acute and serious diseases of the two nervous systems the tolerance of the drug is great; in chronic affections of the ganglionic system it is greater than in that of the cerebro-spinal; and in the organic diseases it is in relation to the gravity of the nervous sympathies. Intolerance of the drug is indicated by stiffness of the lower jaw and of the tongue, and some degree of subsultus in the lower limbs or in all the body. With reference to the curative action of nux vomica, Dr. de Stefani maintains that it depresses the muscular force if this has been stimulated by hyperasthenia, and stimulates it when it has been apparently depressed by the same cause; that it lowers the pulse when it is hard and vibrating, and raises it when it is small and weak; that it lowers excessive heat of the skin, and warms the skin when it is morbidly cold; that it regulates both the pulse and heat of the skin when they are variable several times in the day; that it relieves ardent thirst; that in costiveness which has resisted repeated purgatives it opens the bowels, and in some cases arrests diarrhœa; that it also arrests spontaneous hemorrhage and relieves hemorrhoids; that it relaxes spasms, removes neuralgic, pleuritic, and rheumatic pains, calms delirium, and removes morbid wakefulness, or awakes patients from morbid sleep, promotes perspiration when deficient or arrests it when profuse, etc., whenever these symptoms are the results of a nervous affection. Nux vomica should not be employed in nervous affections until other remedies have failed. When its use is decided upon it is necessary to guard against giving too small doses. The dose of the alcoholic extract given by Dr. de Stefani to subjects of middle age suffering from chronic disease is from five to ten centigrammes. In serious cases this may be raised even to thirty centigrammes, combining with it an equal quantity of extract of rhus radicans and some extract of henbane.

The Hygiene of the Eyes.

In the *Journal de Medecine* (translated in the *Medical Press and Circular*), M. Grand lays down some hygienic rules for the eyes:—

For the worker the light should come as much as possible from the left side, that is to say, from the side towards which one turns in working.

Daylight is the best; but one should avoid direct sunlight; that of reflecting mirrors should also be avoided. The aspect should be northern, and the sight should come a little from above. Light coming from the right, too high or too low, all these defective conditions, cause school children, particularly, to take all sorts of awkward positions.

White walls should be avoided; highly varnished tables, and in workshops, shining articles like silk, should be protected from the sun's rays.

Artificial light is always bad, on account of the heat and the exhalation of carbonic acid. The best is that of lamps fed with vegetable oil and furnished with a glass shade. Gas is bad, because of its heat, brilliancy, and mobility; the light of mineral oils is too hot; that of candles insufficient and flickering. An oil lamp should be covered with an opaque moderateur; the eye of the workman should avoid the light coming to him directly or diffused through the room. The moderateur should be white, green, or gray.

Working after meals is injurious. Inclination of the head should be avoided. One should write on an inclined plane; and in schools it would be good to supply a movable back-board for the children.

Application of the eye must always be interrupted from time to time. Reading in bed, lying down, is to be deprecated from every point of view.

M. Grand recommends, when the eyes are fatigued by constant work, lotions of cold water, and, if the eyes are subject to catarrhal inflammation, of tepid water. As regards this, our advice is totally different.

We believe that washing with cold water, and the employment of iced water, is bad. We see well-known ophthalmologists, M. Galezoski, for instance, recommending *hot* water for the slighter maladies of the eye. We have always seen washing with hot water, *very hot water*, after continuous application, render very great services to the weary eye. We beg of our readers to urge this method on their patients.

If the eyes are fatigued by bad artificial illumination, blue, or slightly smoked glasses will be useful, and in order to avoid the lateral rays, they should be large and round.

If the irritation of the eyes persists, all work must be abandoned, and an examination made to see if there be any disturbance of refraction, of power of accommodation, or of the mobility of the eyes.

Presbyopia supervenes earlier with those who are constantly at work than with other individuals, and as soon as it does, convex glasses should be at once resorted to, without which the muscle of accommodation would be fatigued to no purpose. At first they should be used for working in the evening, after the fatigue of the day; but a long-sighted person should only use spectacles for looking at near objects, not at far ones.

Work requiring close application favors the development of myopia precisely in proportion as the conditions of illumination are bad.

If the action of those causes continues, the myopia continues to increase until vision is lost.

A slight degree of myopia may be favorable to close work, but, as a general rule, work requiring close application, by the derangement of circulation that it inevitably induces in the eye, is much more injurious to the myopic, and is the great cause of the development of myopia and its complications. Young people should be examined, and *if they are myopic, hindered from undertaking tedious studies and all professions demanding close applications of the eye.*

Vaginismus.

Dr. Lorain says, in the *Gazette des Hopitaux*, it has been recommended to treat it by the same means as a fistula in ano, but this I consider as a very bad procedure. It would be preferable to pursue a sedative and anti-spasmodic treatment; and the employment of bromide of potassium, as recommended by Raciborski, seems more rational and efficacious. But the treatment of vaginismus is really extremely difficult, for we often have to do with patients of extreme delicacy and susceptibility, and in some cases the physician hardly dares to intervene. It is a more common affection than is generally believed. I have reached an age when one receives these kinds of confidences, and I receive many of them. I do not believe that vaginismus is due to any narrowness of the organs, but rather to a feeling of fear at the moment of introduction, which prevents dilatation. There are an enormous number of women, highly distinguished in the world, who have never undergone coition. For this there are sometimes reasons, as when men are devoid of the delicacy and preliminary attentions, persons devoid of all tact, and who seek to enter without knocking at the door. I do not insist on this subject, which is a very delicate one; but I repeat that vaginismus is often caused by the brutality and clumsiness of the husband; and persons who have nervous and impressionable wives to deal with cannot be too strongly recommended to surround the conjugal act with every possible precaution. All has not yet been said on vaginismus, and it forms an important subject for study. It is, however, a somewhat difficult one, especially for a young man.

"Massage" in Sprains.

The Paris correspondent of the *Irish Hospital Gazette* says:—

M. Broca does not believe in the efficacy of absolute rest in sprains, and attaches greater importance to shampooing than is generally accorded to it by surgeons. Its omission in ordinary practice, he said, was much to be regretted, and it would in some measure account for the success of "rebouters" (bone-setters), who infest the provinces and employ this mode of treatment to a great extent, almost to the entire exclusion of rest, so much insisted on by regular surgeons, not only to the prejudice of the patient's health, but of his purse, and, in the case of a workman, perhaps of his livelihood for a time. M. Broca expressed his surprise that the subject is so lightly treated in some classical works, while others do not even mention it as a remedy for sprains or any other malady; he therefore took occasion to explain what shampooing was, and its mode of action in the treatment of sprains, etc., as follows:—

"Primary Shampooing," he stated, consisted of pressing or kneeding the swollen tissues with the fingers; then of alternately flexing and extending the joints affected. By this pressure and forced motion, the extravasated liquids are dispersed into the subjacent cellular tissue. After the first shampooing, the pain and swelling return, but on the second day, when the operation is repeated, its effects last much longer, the pain is diminished, and after a few days, during which the operation is regularly practiced, the pain and œdema disappear completely. "Secondary Shampooing" is applicable to cases that had not been treated, or imperfectly so in the first instance, and in which the pain, swelling, and inability to move have persisted. In such a case, he would begin with gentle

frictions, which are to be gradually increased, and to be applied to the most painful parts.

The counter-indications against this mode of treatment consist of acute inflammation of the parts; as in such a case the operation of shampooing would not only be intolerable, but would increase the inflammation. In all cases of sprain the utmost care and attention should be paid with the view of forming a diagnosis, as it would be unpardonable in any surgeon shampooing a fractured limb, a practice not infrequent among quacks and bone-setters. In case of doubt, better treat the patient upon ordinary principles than to resort to the cruel and unscientific method of shampooing under such circumstances. M. Broca then described the process of the operation. After each sitting he applies a roller steeped in Goulard or some other resolvent lotion, and enjoins rest, absolute or otherwise, according to the nature of the case.

Reviews and Book Notices.

BOOK NOTICES.

The Transactions of the American Medical Association, vol. xxv. Philadelphia. Printed for the Association, 1874. pp. 587.

It is gratifying to note the decided improvement in the contents of this volume over the preceding one issued by the Association. The most serious objection to it is that it is chiefly made up of what Juneval calls "twice cooked cabbage," *bis crambe repetita*, inasmuch as most of the addresses, and articles, and all the minutes, appeared in various medical journals at the time of meeting of the Association, so that the volume contains little new to one conversant with the journals of the year. There are advantages, however, in the more permanent form and consolidated character of a publication in volumes.

Decidedly the most remarkable, original and able paper in the volume is the address by Professor S. D. Gross, on "Syphilis in its Relation to the National Health." The eminent author here sums up the reflections and experience of a long life of observation on this disease, and his conclusions, often startling and bold, should wake the professional mind from its lethargy as to the results and spread of this insidious malady.

A great deal of prominence, in the contributions, is given to matters of preventive medicine, such as the effects of defective drainage, the use of alcohol, and the waste of life from various preventable causes. The writers on these topics are Dr. A. N. Bell, A. Linthicum, T. M. Logan, B. H. Catlin, Henry J. Bowditch, R. C. Kedzie, A. B. Stuart, J. L. Cabell, and others.

Several excellent surgical articles merit especial mention. Chief of them is a report on fractures, by Dr. Lewis A. Sayre, embracing a tabulated view of all the fractures for a year in Bellevue Hospital which were treated with plaster-of-paris apparatus. Dr. Paul F. Eve contributes a concise history of "What the West has done for American Surgery," which makes a showing in the highest degree gratifying. Another careful article is one by Dr. E. M. Moore, on epiphyseal fracture of the superior extremity of the humerus, which has a full-page plate with it.

The reports of the scientific discussions in the sections are fuller than ordinary, and contain much that will repay perusal, though here and there a superfluous fidelity in reporting is noticeable.

Syphilitic Lesions of the Osseous System in Infants and Young Children. By R. W. Taylor, M. D., etc. New York: Wm. Wood & Co., 1875. Cloth, 8vo, pp. 179.

This work is another sign of the general attention with which the profounder and larvated symptoms of syphilis are now being studied; as the author justly remarks in his preface, science has given this subject a very insufficient share of her attention, and in spite of the deluge of works on syphilis, which have appeared in the last score of years, infantile syphilis has been but imperfectly depicted.

The writer commences with a minute history of twelve cases which came under his treatment. He then proceeds to discuss at length the individual symptoms, the swellings and enlarge-

ments of the various bones, the effect of these enlargements on the integuments and joints, the degenerative changes to which they give rise, one of the most striking of which is the separation of the epiphyses from the diaphyses, an occurrence not always owing to syphilis. Periostitis is also found in infants, and the intensity of the syphilitic poisoning varies considerably. The relations of rachitic and scrofulous to true specific lesions are very satisfactorily set forth, more clearly than will elsewhere be found.

As for treatment, our author relies on the "mixed treatment" of mercury and iodide of potash, which he believes is more effective than either of these drugs alone or both in rotation. His favorite prescription is as follows:—

℞.	Hydrarg. bichlor.,	gr. j.	
	Potassii iodidi,	ʒiv.	
	Syrupi aurant		
	Aquæ	āā ʒij.	M.

The dose for a child of two months old is five drops, which may be gradually increased as high as twenty drops. He advises against the hypodermic injection of corrosive sublimate, as his experience is that it causes much pain and swelling. Mercurial inunctions in infants he considers also out of place, as they often excite severe cutaneous inflammation. For nodes on the scalp, daily frictions with mercurial ointment are the best application.

The work is handsomely printed on fine tinted paper.

On Functional Derangements of the Liver; being the Croonian Lectures delivered at the Royal College of Physicians, in March, 1874, by Charles Murchison, M.D., L.L.D., F.R.S., etc. New York, Wm. Wood & Co., 1875. Cloth, 12mo, pp. 182.

These lectures, which originally appeared in some of the English medical journals, are written in a masterly manner by one thoroughly conversant with his subject. Dr. Murchison first treats of the functions of the liver in health, which he defines to be principally the formation of glycogen, the metamorphosis of the albuminoids, and the secretion of bile. He next investigates its functional derangements, which he divides into those dependent on abnormal nutrition, and abnormal elimination. The causes of functional derangements he divides into those pertaining to organic disease and disorders of other organs, and those associated with errors in diet, high temperature, nervous influence, poisons, and such like.

In discussing remedies, Dr. Murchison states fairly the much debated question of the action of mercury, and pronounces in favor of its being "a true cholagogue," and one of the most effective we possess. He says decidedly that it is more certain and easier in action than podophyllin, which, however, he grants is "a good substitute for mercury." Alkalies he puts above the mineral acids; indeed, he is far from echoing the praises of the latter in hepatic disease which some of his cotemporaries have spoken so prominently.

The book lacks an index, but in other respects is creditably brought out.

Lectures on Diseases of the Respiratory Organs, Heart and Kidneys. By Alfred L. Loomis, M. D., Professor of Pathology and Practical Medicine in the University of New York, etc. New York, William Wood & Co., 1875. Cloth, 8vo, pp. 549.

Professor Loomis's lectures will be welcomed by many who have listened to his clear exposition of clinical facts. The diseases treated of in this volume are among the most frequent which the practitioner has to contend with. They include catarrhal laryngitis, membranous croup, bronchitis, asthma, whooping cough, emphysema, pneumonia, pleurisy, phthisis, pericarditis, valvular diseases, uræmia, Bright's disease, and others of less prominence. Much attention is given to the diverse forms under which each of these can present itself, and the warning is frequently iterated, that no one should accustom himself to treat a disease as such, but always the particular person, and the peculiar variety, that is found.

In pneumonia and laryngitis, Dr. Loomis recommends warmly quinine in full doses. Twenty-five to thirty grains daily, does not seem to him too much in many instances, and he even gives twenty grains a day to a child three years old, in acute catarrhal laryngitis. The article on Bright's disease is full and comprehensive, and distinguishes clearly between the several forms of nephritic lesions which are usually classed under this one name. The pathology of the work is, indeed, unusually minute throughout, for an American book, and aids the author materially in discriminating between the different clinical forms of the diseases

he discusses. The production is, indeed, one highly creditable to the medical literature of this country.

Cyclopedia of the Practice of Medicine. Edited by Dr. H. Von Ziemssen. Vol. ii. Acute Infectious Diseases. New York, William Wood & Co., 1875. pp. 752.

The second volume of this most excellent work will be received with great interest, the diseases of which it treats being peculiarly those of frequent occurrence in daily practice. They include varicella, measles, rubeola, and scarlet fever, by Professor Thomas, of Leipzig; variola and varioloid, by Professor Curschman; erysipelas, miliary fever, dengue, influenza, and hay fever, by Prof. Zuelzer; malarial diseases, by Prof. Herz; and epidemic cerebro-spinal meningitis, by the editor, Prof. Ziemssen himself.

Of the praiseworthy and liberal style in which the work is published, its fine paper, large clear type, careful proof-reading, and admirable index, we have spoken before. We shall now analyze some few passages of the work, to give our readers an idea of its general character.

Turning to the treatment of cerebro-spinal meningitis, by Prof. Ziemssen, he first states that no abortive method of cure is known. Leeches behind the ear and ice bags are "very efficacious;" the cold should be applied to the neck and back. General blood letting has few advocates. Although he has used mercury in most of his cases, he is by no means satisfied that it has done good. Quinine should be restrained to "those rare cases where the temperature ranges very high." Morphine, on the other hand, is "one of the most indispensable remedies." In the later periods, iodide of potassium may be used. Professor Ziemssen does not mention belladonna or atropia and ergotine, remedies much lauded in this journal, although in his bibliography he refers to a number of articles in the REPORTER.

The article on Scarlatina is an admirable one. The bibliography of the subject covers *ten* closely printed pages. The treatment is summed up in the opening sentence: "The *symptomatic* is the only rational and advisable treatment in scarlet fever." Cold baths are decidedly advised. The anointing with fatty matter is of doubtful utility. "In many cases the abstraction of blood causes immediate and permanent relief." Cold dressings to the neck, and swallowing ice, is usually sufficient for the angina.

In hay fever treatment is pronounced "powerless." Helmholtz's much talked-of use of an injection of quinine (as we once stated in this journal last year) "has proved ineffectual." No means of eradicating the tendency has been discovered. Change of air is the only means of relief. (Opium, a dangerous remedy, on account of the habit engendered, but the most efficacious one we have ever tried, is not mentioned.)

These notices will give an idea of the general character of the work; it is one which no physician will regret buying.

A Course of Lectures on Physiology; as delivered by Professor Küss, at the Medical School of the University of Strasbourg. Edited by Mathias Duval, M. D. Translated from the second and revised edition, by Robert Amory, M. D. Illustrated by 150 wood cuts. Boston, James Campbell, 1874. Cloth, 8vo, pp. 531. Price $2.50.

The arrangement of this manual of physiology is judicious, and its discussions of the various subjects involved concise and accurate. Starting with the cell and its various forms, the author proceeds to the nervous system, then to the muscles and their appendages, the blood and its circulation, the epithelial surfaces, the digestive and respiratory systems, the skin, the organs of special sense, and the generative system, embryology, as usual, being placed last, though in nature it comes first.

While we have been pleased with the general plan of the work, and the views it contains, in a number of details it is open to just criticism. The very first paragraph contains an error. Physiology, says the author, "according to its etymology, means the science of life or animation;" whereas it means the science of growth or of development. In the discussion on the cerebral functions (page 62), no reference is made to the pregnant experiments of Hitzig and Ferrier; Dr. Flint's researches on the hepatic functions do not appear to have been used; the extractum carnis is stated to be "in no way nutritive" (page 213), an opinion based on mere theory, and contradicted by daily experience; the explanation of animal heat (page 340) is insufficient; and there is too exclusive authority given to French writers. Such objections should have been obviated by the editor. The illustrations are neatly printed and the book well made.

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PHILADELPHIA, PA.

RULES OF EXERCISE.

In these days, when so much is said and written about physical culture, it is singular that it is so hard to find any treatise which sets forth its principles, free from the defects of narrow observation, hobbyism, or anatomical ignorance. We have been able to find no such treatise in our language, and, in fact, of the essays on the subject we have consulted, most seem very unsatisfactory.

A distinction they nearly all fail to make, is that which relates to the object of physical exercise. This, as popularly practiced, is for a very different purpose from what it should be in the view of a hygienist. Expertness in athletic games, or eminence in athletic sports, as rowing, throwing the stone, sparring, walking, and wherever the element of contest comes in, is to be obtained by repeated employment of the same group of muscles, *taxing them to their utmost.* This develops *strength.* But that is not what the hygienist wants. He aims not so much to attain the highest muscular power of which a given person is capable, as to secure prolongation of muscular effort of medium force—in one word, *endurance.*

The difference between these two characteristics is very marked. Army surgeons are familiar with the fact that forced marches are better borne by men of medium power, than by the Hercules of the regiment. The latter are sure to give out before many of their weaker companions. The "strong fellows" in collegiate classes, those celebrated throughout the institution as lifters of "fifty-sixes" an indefinite number of times, nearly always break down inside of the first decade after their graduation. The business and public men of mature years, capable of prolonged and colossal labor, mental and physical, the Gladstones and Disraelis, are rarely, if ever, men of extraordinary muscular power. The professional athlete is nearly always shelved before he is forty, and the early death of the heroes of the pugilistic ring is matter of common comment. Galen says of the Roman athletæ, that their career as such rarely lasted more than five years; by that time they died or became dull and torpid.

In spite of the familiarity that such facts have to medical readers, we observe that Dr. Bartlett, in a late number of the *Sanitarian*, writes thus:—

"Girls are more sensitive and excitable than boys, and sooner become exhausted; hence they require a different drill. And yet in their case, as well as in that of boys, the cardinal rule of physical development should never be lost sight of, viz., that to develop a muscle it must be made to contract to its fullest extent. The law of muscular growth demands that to make a muscle stronger to-morrow, it must be taxed to its utmost to-day. Keeping this law in view, the so-called "light gymnastics," or "calisthenics," are almost worthless. Their object seems to be to produce celerity and precision of movement rather than to develop strength. As well might you expect the throw of the weaver's shuttle or the ceaseless ply of the seamstress' needle to produce muscular growth!"

This appears to us very questionable advice. Muscular growth is, we believe, produced with less risk and of a more salutary and enduring kind, by the frequent repetition of motions somewhat short of the utmost taxation of the strength, and continued until the commencement of fatigue, but of course not to actual exhaustion. Such movements should be constantly varied. Supposing the lesson is for thirty minutes, at least ten different motions should be practiced in that period. This will bring into active but not exhaustive play all the muscles of the body, provided the motions are judiciously selected. There is no danger of strain or over-action, and what is especially desired, the circulation and nervous supply is directed steadily, for a few minutes, to one group of muscles, then to another, then to a third, and so on, thus bringing about an equilibrium of supply and a symmetry of nutrition, which insures health by forestalling local stases and congestions.

Some of these movements should be directed to the extremities, some to the trunk, and others to the viscera. The latter are most essential to health. Dr. MacCormac, of Dublin, wrote an article (quoted in the REPORTER) last year, on "Exercise of the Heart," recommending for its accomplishment the repetition of certain movements. Exercise for the lungs, liver, stomach and heart, can all be obtained by appropriate movements, and these should be regularly practiced. Disabled health is no contra-indication. The Swedish movement cure illustrates the marked advantage of the derivation of nervous force from and to certain parts, even in diseased conditions; and active movements can soon take the place of passive ones when a certain condition of endurance is reached.

There is much need of a handy little volume in our tongue which would set forth these and other rules of exercise, without an intelligent acquaintance with which gymnastic practice and athletic sports are at best hap-hazard, and are often hurtful.

NOTES AND COMMENTS.

Therapeutical Notes.

COMEDONES.

These disfiguring, black-headed glandular enlargements, often seen on the faces of the young, can be readily dispersed, says Dr. Gutceit, by bathing them night and morning with a dilute solution of aqua ammoniæ (a teaspoonful of the liq. ammon. caust., Ger. pharm., to the wineglassful of water).

CORROSIVE SUBLIMATE HYPODERMICALLY.

The use of the corrosive chloride hypodermically has been strongly urged in syphilis. The following formula is recommended as efficient, and not liable to produce local trouble:—

℞. Hydrarg. chlor. corrosiv.,
Chloride of ammonium, āā gr.xx
Chloride of sodium, gr.lxij.
Distilled water and white of one egg.

About one-sixth of a grain should be injected at a time, suspended in forty drops of the albuminous fluid.

HOT INJECTIONS IN UTERINE HEMORRHAGE.

In the *Allgemeine Med. Centralzeitung*, Dr. Windelband, of Berlin, urges the use of hot injections in hemorrhage from abortion, etc. He has derived from it "advantage always, injury never." Hemorrhage from placenta previa, fibroids, carcinoma, etc., have yielded to it. He employs water at a temperature of about 100° Fahr.

LIME WATER IN MILK CRUST.

Milk crust, prurigo larvalis, or eczema faciei, in infants, can, according to Dr. Caspari, of Meinberg, be very successfully treated by the internal administration of lime water. From eight to twelve fluid ounces should be given daily. It may be mixed with milk, or sweetened. No local application is needed.

PULSATILLA IN AMENORRHŒA.

Dr. Pintschovius, of Ketzin, in a letter to the *Allegemeine Med. Centralzeitung*, January 30th, revives pulsatilla as an emmenagogue. He has found it a "sure and convenient article" for this purpose. His formula is

℞. Extr. pulsatillæ,
Herb. pulsat, āā. q. s. M.
Et div. in pill, 3 grs. each.
Sig.—One three times a day.

It is a remedy which once enjoyed some reputation in this country.

A CONVENIENT LOCAL ANODYNE.

Take of elastic collodion, one ounce; hydrochlorate of morphia, fifteen grains. Dissolve the morphine salt in the collodion. Spread, with a camel-hair brush, some of this solution on the painful part, and place some oiled silk over the spot. The effect is stated to be most satisfactory.

Dr. Houghton's Animal Mechanics.

A medical work not much read in this country, and not likely to be, in spite of its value, is the Rev. Samuel Houghton's "Principles of Animal Mechanics." It bristles with mathematical formulæ and represents the result of ten years' labor. He claims to have established the three following laws of muscular action.

1. In comparing different muscles, the work done in contracting is proportional to the weight of each.

2. In comparing the same muscle with itself, when contracting under different external conditions, the work done is always constant in a single contraction.

3. When the same muscle is kept in constant action until fatigue sets in, the total work done, multiplied by the rate of work, is constant. The last mentioned he calls the Law of Fatigue.

The Epidemics of 1873.

An interesting report on the yellow fever and cholera epidemics of 1873 has been made by Dr. Frank W. Reilley, Surgeon in the U. S. Marine Hospital service. The report was prepared for the Secretary of the Treasury, in accordance with a resolution of the Senate of the United States. Dr. Reilley states that from the month of February until the 21st of November, 1873, there occurred in this country 3769 deaths from malignant or epidemic cholera. During the same period of each year there occur about 21,000 deaths from diarrhœa, dysentery and cholera infantum. From May 23d, 1873, to November 29th of the same year, there were 3349 deaths from epidemic yellow fever. During the same period of each year, there occur an aggregate of 8500 deaths from the various malarial fevers. The last preceding epidemic of yellow fever was in 1867, and from its subsidence to the close of 1872, there were 970 deaths from the disease; but during the same period more than 50,000 persons had died of malarial fevers. For six years preceding 1873, there had been no epidemic cholera in the country, but during those six years the group of diseases mostly resembling cholera carried off 125,000 of the population. "And year by year," says the Doctor, "such more or less preventable diseases as small-pox, scarlet fever, typhus, enteric fever and consumption, are the causes of a tolerably constant average of over 100,000 deaths per annum." In regard to the origin of yellow fever, the mode of its importation into the Gulf States, and the specific modes of preventing and limiting its ravages, medical opinion remains as confused and conflicting, and medical skill as powerless as ever. That yellow fever is not epidemic in New York every year, the Doctor thinks is owing to the want of favoring conditions in the seasons themselves, as well as to the efficiency of the New York Board of Health.

A New Poultice

It is stated in our foreign exchanges, that a new form of poultice has been introduced to the notice of the profession by M. Lelièvre, a Paris chemist, which is proposed as a substitute for linseed meal. It consists of a substance extracted from the *Fucus crispus*, which can be preserved in sheets like paper. For use, a piece of suitable size is cut and dipped in warm water; it swells rapidly, softens, and can be immediately employed as a poultice. A very favorable report on the substance was presented to the Academy of Medicine by a committee who had used it, praised it highly, claiming for it the advantage that the poultices do not dry, do not slip from the place to which they are applied, have no unpleasant odor, do not soil linen, and can be used over again many times.

CORRESPONDENCE.

Treatment of Torticollis.

ED. MED. AND SURG. REPORTER:—

I must premise that there have been many wry-necks in this country, but I have reason to believe that I am the only practitioner who has directed the employment I am about to mention, that by subcutaneous puncture and plugging the puncture with nitrate of silver.

Fifteen years ago I was called to treat an obstinate torticollis affection of the neck, which had resisted the usual general and local means. Five grains of the nitrate of silver were inserted, by means of punctures, in the subcutaneous tissue of the sternal and clavicular muscles, twice a day, for two days, with the most marked and satisfactory results. The patient,

who for three weeks previous had suffered extreme pain upon the slightest motion of the neck, at the expiration of this period was able to move his head with slight inconvenience. Friction was ordered, with a stimulating liniment, as follows:—

R. Liniment camp, co., ℥iv
" glycerinæ, ℥iij
Tinct. digitalis F., ℥ij
Tinct. aconiti F., ℥ij. M.

Ft. liniment. To be used two or three times daily, and repeated during five days.

This removed all remaining disease in the affected part.

The next case was one in which no previous treatment had been practiced. It was recent; three applications of ten grains of nitrate of silver, upon three succeeding days, so effectually removed the constriction, pain, and tenderness, as to allow of the free use of the neck on the fifth day.

The third trial was made upon an obstinate wry-neck, due to contraction of the sterno-mastoid muscle, remaining after the subsidence of scarlet fever. The patient, a robust boy of fourteen years, after having been rendered motionless for fourteen days, by a severe attack of inflammatory scarlatina of the whole system, recovered under the proper treatment generally adopted in this febrile disease, with the exception of the wry-neck in question, which remained exquisitely painful, and tender upon pressure in one spot, of about one and a half inches in diameter, upon its outside and inner side of the sterno-mastoid muscle. The insertion of fifteen grains of nitrate of silver, every day, produced, in four or five days, a decided impression upon the contracted sterno-mastoid muscle of his wry-neck, and by the seventh day the symptoms were so far mitigated as to permit free motion in the neck. This patient recovered rapidly without any further medication, excepting, in addition, to apply a sufficient quantity of the above liniment on the surface of the neck, and under both axillæ, and to be repeated according to circumstances.

A fourth case, which had resisted the subcutaneous division of both muscles, the sternal and clavicular, assisted by the free use of the compounded camphorated liniment, yielded upon the fourth day, from the third application of the nitrate of silver, the patient expressing much satisfaction at the effects of the remedy.

Since treating the above cases, I had an opportunity of testing the good effects of the nitrate of silver in several other instances, and with great results, which induce me to entertain a very favorable opinion of its remedial powers in this affection, and I should think it best adapted to the recent and active grades of the disease. This seems to me to be important, inasmuch as the operations employed have effectually cured, at least, those cases, and I hope permanently.

JOHN B. C. GAZZO, M. D.

La Fourche, La.

Medical Legislation in Vermont.

ED. MED. AND SURG. REPORTER:—

Three bills, in the interest of Medical Education, Sanitary Matters, and Pharmacy, were introduced into the Legislature of Vermont at its last session. The first was modeled after the law of New York, with such modifications as were necessary to adapt it to the Green Mountain State.

There were serious objections to it among the fraternity, prominent among which was this, that it opened the door wide for making regular doctors of the whole illegitimate brood of quacks that perambulate the State, or are located anywhere within its limits. It required them to organize themselves into a Society, either County or State, but when so organized, their powers were fully equal to the Vermont Medical Society. Thus, the Homœopaths, Eclectics, and Spiritual Mediums, were all placed on a level with the regular physicians of the State, and could each, in their separate organization, legalize every species of quackery in the State. This was a serious objection to the bill. And yet, even with this objectionable feature, the law would undoubtedly have accomplished some good. Under its careful enforcement, some of the multitude of quacks, especially the peripatetic species, might have been driven out of the State. And besides, the tendency would have been, in all except the viler brood of so-called doctors, to elevate the profession generally, and to require some sort of education as a preliminary to membership.

But the "wise men" of the State, supposed to be such when sent to the Legislature, did not see it in that light. It was designed to build up a monopoly for the "regular doctors." It would give them some advantage over the Eclectic or the Homœopath. It would create a privileged class, and hence destroy the liberties of the people. These arguments were more potent than reason or common sense, and therefore the bill was dismissed with hardly a decent consideration of its merits.

So also with the bill to establish a State Board of Health and Vital Statistics. Its importance was conceded. Its value as a sanitary measure for the whole State, with reference to the various contagious diseases that are so prevalent among the people, in preventing and controlling them, was admitted. But it required the appropriation of money to carry it into operation. It was a job of the doctors. Money was freely voted for the publication of after dinner speeches, for addresses on war topics, for publishing transactions of agricultural societies, and for war pictures. But when a few dollars, less than two thousand all told, were asked for as a means of promoting the sanitary well being of the State, the cry of economy was potent to prevent the appropriation.

The Pharmaceutical Bill met with no better fate. A strenuous effort was made by its friends to secure its passage. Its merits and its necessity were acknowledged. It proposed to pro-

vide men of some little knowledge of Pharmacy and of Pharmaceutical preparations, to dispense medicines, and to compound prescriptions in the State. The law was demanded as a safeguard against imposition, and the sad mistakes often made by ignorant apothecaries and druggists. But all these arguments availed nothing against the notion everywhere prevalent, more especially, it may be, in this State, that everybody has an undoubted right to engage in any business they see fit, and that so long as they violate no law, or are not caught in the act, they should not be interfered with. Free trade is the motto in all that pertains to medicine, to the health of the people, and to the dispensing of medicines. The State throws around the liquor seller and the liquor drinker, a network of law, to prevent the one from engaging in the traffic in intoxicating drinks, and the other from drinking liquor to excess, or in any way, save as a medicine; but in a matter quite as important to the public health as the free sale of liquor, the "wisdom" of the State chose to leave the traffic open to all the ignoramuses that should see fit to engage in it. The wisdom of such legislation is difficult to understand, and still more difficult to appreciate. But so it is. The average legislator, on subjects which are intimately connected with the health of the community or the State, is a compound of ignorance, stupidity, and prejudice, and therefore utterly unable to perceive how it is that the highest welfare of the State is promoted by the good sanitary condition of the people. This is a lesson which can be learned only in the presence of a sweeping, fatal epidemic. When "the first born" dies in the household, the parents wake up to a sense of danger, but not sufficiently to demand the legislation which might aid in warding off the epidemic. L. O. Butler, M. D.

Essex, Vermont, March, 1875.

An Intra-Uterine Fibroid.

Ed. Med. and Surg. Reporter:—

The following case may prove of some interest to the profession, and herewith I present it.

July 7th, 1873, was called to Mrs. J. P., in labor with her second child, at about 2 P. M; found her to be a strong, well developed woman, native of Ireland, aged 35 years. Pains, vigorous and regular, head presenting, occiput to right sacro iliac articulation, nothing abnormal, apparently. Membranes ruptured spontaneously at 9 A. M., and a large quantity of water discharged, after which, on palpation over the abdomen discovered what I was pretty certain was two fœtuses, and of nearly equal size. The head at this time had made considerable progress through the canal of the pelvis, but after the rupture of the membranes no further progress was made, notwithstanding the pains were very vigorous. At 3 P. M., considering that further waiting was unsafe for mother as well as child, applied forceps, and delivered, in about fifteen minutes, a living male child. After the delivery of the child had been accomplished, introduced the hand into the uterus, expecting to find another, but instead, found a large sessile fibroid tumor, occupying the left cornu. Delivered the placenta, and as there were firm contractions and no hemorrhage, left tumor to nature; gave a few doses of Squibb's ergot, but no other medicine. She recovered in a short time, and suffered no inconvenience from the tumor.

November 4th, 1874, was called again to attend Mrs. P., in labor. Head presented in first position, and the labor lasted with no great severity for eight hours, when she was delivered of a boy weighing ten pounds. At this time could discover no signs of the tumor that caused so much trouble in the preceding labor; uterus contracted to the usual size, and was not in the least irregular in shape J. F. Pritchard, M. D.

Manitowoc, Wis., March 3*d*, 1875.

News and Miscellany.

COLLEGE COMMENCEMENTS.

Commencement of the College of Pharmacy.

The fifty-fourth annual commencement of the Philadelphia College of Pharmacy was held March 16th, at the Academy of Music. There was an immense audience, the house being crowded in every part, and many persons being unable to obtain seats. A fine orchestra, under the direction of Mr. George Bastert, was in attendance, and gave a pleasant musical performance before the opening and in the intervals of the exercises.

At eight o'clock the graduates, 86 in number, entered the stage from the green-room, and took seats at the front of the stage; following them were the Faculty and Trustees of the College, and a number of the leading physicians and surgeons of the city, prominent among whom was Professor Samuel D. Gross.

After an overture had been performed by the orchestra, the degree of "Graduate in Pharmacy" (Ph. G.) was conferred by the President of the College, Mr. Dillwyn Parrish, upon students from the following States:—

Pennsylvania, 52; New Jersey, 10; Ohio, 6; Virginia, 2; Delaware, 2; Georgia, 1; Wisconsin, 4; Tennessee, 1; Illinois, 1; Kentucky, 1; New York, 2; Canada, 1; Vermont, 1; North Carolina, 1; Texas, 1.

Prof. John M. Maisch then delivered the valedictory address to the graduates, after which a handsome portrait of Professor J. P. Remington was presented to the college, by the graduating class, the presentation speech being made by Mr. Robert Henry Walch, of Pennsylvania, a member of the class.

After more music by the orchestra, the large audience dispersed.

Woman's Hospital Medical College, Chicago.

The fifth annual commencement of the above institution was held on the evening of March 2d.

Prof. Byford, as President of the Board of Trustees, presented, with a brief but appropriate address, diplomas to the graduating class, consisting of eight ladies, all from the United States.

Mrs. Sarah H. Stevenson read a thesis on the "Evolution of the Heart," commencing with the mere cell, from which she ascended rapidly up through the vegetable kingdom and lower species of animals, to the heart of the mammalia, showing the various steps of development in the *modus operandi* of conveying the nutritive material to all parts of these various living organisms.

The same lady also delivered the class valedictory.

Notes on Prevailing Diseases.

Dr. Dusenbery, of Bradford county, Pa., writes, March 16: "We have had an epidemic of a form of pneumonia, attended with great tendency to collapse after three or four days' illness, which in some localities has proved very fatal."

Dr. Snyder, of Columbus, O., writes, March 14: "Six or seven deaths from small-pox have occurred within a few weeks in our city. A mild form of scarlet fever has also prevailed. Puerperal fever and erysipelas have caused quite a number of deaths in several small towns west of us."

Dr. Boone, of Tyler county, W. Va., reports a severe epidemic of influenza throughout that section.

Northern Medical Association of Philadelphia.

A stated meeting will be held at the hall of the Northern Dispensary, 608 Fairmount Avenue, on Friday evening, 26th instant, at 8 o'clock. (March 1875). Subject for discussion: On some defects of Voice and Speech, to be introduced by Dr. J. Solis Cohen. Medical profession cordially invited.

CHARLES CARTER, *Secretary.*

Presbyterian Hospital.

Dr. C. K. I. Miller has been elected physician to the out-patient department, vice Dr. Longenecker resigned. Drs. A. K. McDonald, of Princeton, N. J., and H. E. Westhæffer, of Lancaster, Pa., have also been appointed resident physicians for the ensuing year.

Personal.

—Dr. Howard W. King, Surgeon General of Rhode Island, died in Providence, March 12.

—Dr. J. P. Wallace, of Lafayette, Ind., has been publishing some interesting letters on the climate of Colorado, in the Lafayette *Daily Journal.*

—Dr. J. J. Caldwell has removed to 704 Saratoga street, Baltimore.

—Dr. Kingston, of Montreal, has been elected Mayor of that city, by a majority of over three thousand votes.

—Dr. Thomas H. Goodwin, a physician of Windsor township, York county, Pa., has been committed to prison on a charge of malpractice. His victim was a Miss Mary Eichelberger, of Lancaster.

—Dr. Wm. H. Taylor has been elected Professor of Chemistry in the Medical College of Virginia. He has performed the duties of the chair ever since the death of Dr. R. S. J. Peebles.

Items.

—The Medical College of Ohio graduated 102 students this Spring.

—It is stated in the daily papers, that two physicians of Mercer county, Pa., have been held for trial on the charge of violating a young lady while under chloroform. The account says she was not aware of the alleged attempt till she discovered herself pregnant!

QUERIES AND REPLIES.

Aseptin.

Several replies concerning this substance have reached us. Ziemssen (Cyclopædia, 11, p. 481) states that it is "a compound of boracic acid and cloves," proportions not given. A correspondent in New Jersey writes that a leading German druggist gives its composition—Borate of soda, 2 parts; alum, 1 part.

Callan's Elements.

Ohio.—Callan's Elements are a positive plate of zinc in dilute sulphuric acid, and a negative plate of iron in strong nitric acid. The nitrous fumes evolved by the latter element constitute a serious objection to the employment of this battery.

OBITUARY.

DR. MADISON MARSH.

We announce with much regret the death of Dr. Madison Marsh, of Port Hudson, La. It took place suddenly, on Feb. 21st, from cardiac disease, to which he had been subject several years, and the probable sudden termination of which he had looked forward to. His age was 65 years. Dr. Marsh was a close observer and a skillful practitioner. His articles in the REPORTER were highly esteemed and frequently quoted in European journals. Personally, he enjoyed the respect of all who knew him.

MARRIAGES.

MORFEE—WALTON.—On Thursday, Feb. 25th, by Bishop R. Paine, J. H. Morfee, M.D., of Okolona, Miss., and Miss Olivia H. Walton, of Aberdeen, Miss.